



**Florida Enterprise Zone Jobs Credit  
Certificate of Eligibility for Corporate Income Tax  
Effective January 1, 2002**

**F-1156Z  
N. 01/02**

Attach this form to the *Florida Corporate Income/Franchise and Emergency Excise Tax Return* (Form F-1120).

|   |   |
|---|---|
| <b>For calendar year</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>or other taxable year beginning</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>and ending</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |
| Name (as shown on your tax return)  | Federal Employer Identification Number (FEIN)<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                |
| Business location address   | Enterprise zone number<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| City State ZIP  | Area code and telephone number<br><input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address of business   | <input type="checkbox"/> Check here if business is a "small business" as defined by section 288.703(1), Florida Statutes. See Instructions for definition.  |
| City State ZIP  |   |

| <b>PART I DEMONSTRATION OF NEW JOBS CREATED</b>   |     |  |
|---|-----|--|
| (1) Enter the number of permanent, full-time jobs on the date of application.   | (1) |  |
| (2) Add the number of permanent, full-time jobs for each of the 12 months prior to the date of the application and divide by 12.                  | (2) |  |
| (3) Subtract Line 2 from Line 1. If Line 3 is zero or less, <b>stop here</b> . The business is not eligible for this enterprise zone jobs credit. | (3) |  |

**Schedules A through F. Complete the schedule(s) that apply to your business.** Attach the relevant schedules in the formats shown below. See instructions for explanations of schedules and qualifications for credits.

| <b>Schedule A - 20% Credit Business in Enterprise Zone</b> |                 |  |                                    |                   |                   |                                  |                          |  |   |
|--|-----------------|--|------------------------------------|-------------------|-------------------|----------------------------------|--------------------------|--|---|
| <b>A</b><br>Employee Name, Street Address, City, and ZIP   | <b>B</b><br>SSN | <b>C</b><br>✓ Check if leased employee | <b>D</b><br>Enterprise Zone Number | Date Employed     |                   | <b>G</b><br>Actual Monthly Wages | <b>H</b><br>Total Months | <b>I</b><br>Total Wages<br>(Col. G X Col. H) | <b>J</b><br>Credit Amount<br>(20% X Col. I) |
|  |                 |  |                                    | <b>E</b><br>Began | <b>F</b><br>Ended |                                  |                          |  |   |
|  |                 |  |                                    |                   |                   |                                  |                          |  |   |
| <b>Total Credit Amount</b>                                 |                 |  |                                    |                   |                   |                                  |                          |  |   |

| <b>Schedule B - 30% Credit Business in Enterprise Zone</b> |                 |  |                                    |                   |                   |                                  |                          |  |   |
|--|-----------------|--|------------------------------------|-------------------|-------------------|----------------------------------|--------------------------|--|---|
| <b>A</b><br>Employee Name, Street Address, City, and ZIP   | <b>B</b><br>SSN | <b>C</b><br>✓ Check if leased employee | <b>D</b><br>Enterprise Zone Number | Date Employed     |                   | <b>G</b><br>Actual Monthly Wages | <b>H</b><br>Total Months | <b>I</b><br>Total Wages<br>(Col. G X Col. H) | <b>J</b><br>Credit Amount<br>(30% X Col. I) |
|  |                 |  |                                    | <b>E</b><br>Began | <b>F</b><br>Ended |                                  |                          |  |   |
|  |                 |  |                                    |                   |                   |                                  |                          |  |   |
| <b>Total Credit Amount</b>                                 |                 |  |                                    |                   |                   |                                  |                          |  |   |

| <b>Schedule C - 30% Credit Business in Rural Enterprise Zone</b> |                 |  |                               |                   |                   |                                  |                          |  |   |
|--|-----------------|--|-------------------------------|-------------------|-------------------|----------------------------------|--------------------------|--|---|
| <b>A</b><br>Employee Name, Street Address, City, and ZIP         | <b>B</b><br>SSN | <b>C</b><br>✓ Check if leased employee | <b>D</b><br>Rural County Name | Date Employed     |                   | <b>G</b><br>Actual Monthly Wages | <b>H</b><br>Total Months | <b>I</b><br>Total Wages<br>(Col. G X Col. H) | <b>J</b><br>Credit Amount<br>(30% X Col. I) |
|  |                 |  |                               | <b>E</b><br>Began | <b>F</b><br>Ended |                                  |                          |  |   |
|  |                 |  |                               |                   |                   |                                  |                          |  |   |
| <b>Total Credit Amount</b>                                       |                 |  |                               |                   |                   |                                  |                          |  |   |

| Schedule D - 45% Credit                           |          | Business in Rural Enterprise Zone |                        |               |            |                           |                   |                                       |                                      |
|---|----------|-----------------------------------|------------------------|---------------|------------|---------------------------|-------------------|---------------------------------------|--------------------------------------|
| A<br>Employee Name, Street Address, City, and ZIP | B<br>SSN | C<br>✓ Check if leased employee   | D<br>Rural County Name | Date Employed |            | G<br>Actual Monthly Wages | H<br>Total Months | I<br>Total Wages<br>(Col. G X Col. H) | J<br>Credit Amount<br>(45% X Col. I) |
|   |          |                                   |                        | E<br>Began    | F<br>Ended |                           |                   |                                       |                                      |
|   |          |                                   |                        |               |            |                           |                   |                                       |                                      |
| Total Credit Amount                               |          |                                   |                        |               |            |                           |                   |                                       |                                      |

| Schedule E - 40% to 44% Credit                    |          | Business in Enterprise Zone – Employees in Welfare Transition Program |  |               |            |                           |                   |                                       |                                      |
|---|----------|---|--|---------------|------------|---------------------------|-------------------|---------------------------------------|--------------------------------------|
| A<br>Employee Name, Street Address, City, and ZIP | B<br>SSN | C<br>✓ Check if leased employee                                       | D<br>Credit %<br>(40, 41, 42, 43, or 44)<br>See Instructions | Date Employed |            | G<br>Actual Monthly Wages | H<br>Total Months | I<br>Total Wages<br>(Col. G X Col. H) | J<br>Credit Amount<br>(45% X Col. I) |
|   |          |   |  | E<br>Began    | F<br>Ended |                           |                   |                                       |                                      |
|   |          |   |  |               |            |                           |                   |                                       |                                      |
| Total Credit Amount                               |          |   |  |               |            |                           |                   |                                       |                                      |

| Schedule F Permanent, full-time employees (enterprise zone residents) |      |                           |
|---|------|---------------------------|
| Name  | SSN  | Enterprise zone ID number |
| Address   | City | State, ZIP                |

| Subschedule F Computation of the Allowable Credit   |     |
|---|-----|
| (1) Enter the number of permanent, full-time employees residing in an enterprise zone. Total must agree with Schedule F.              | (1) |
| (2) Enter the number of permanent, full-time employees.   | (2) |
| (3) Divide Line (1) by Line (2) and enter result here. Line (3) must be 20% or more to claim the increased credit on Schedule B or D. | (3) |

| PART II TAX LIABILITY LIMITATION AND COMPUTATION OF CREDIT. (SEE INSTRUCTIONS)  |     |
|---|-----|
| 1. Enter amount of total tax due from Form F-1120, Page 1, Line 11.   | 1.  |
| 2. Enter the amount of certain other credits against the tax from Form F-1120, Schedule V.  |     |
| a. Florida Health Maintenance Organization Credits  | 2a. |
| b. Capital Investment Credit  | 2b. |
| Total other credits   |     |
| 3. Tax liability limitation (Line 1 minus Line 2).  | 3.  |
| 4. Total credit allowable this year (Schedules A, B, C, D, and E, Column J)   | 4.  |
| 5. Unused credit carryover from prior year (see instructions.)  | 5.  |
| 6. Total credit available for this year (sum of Line 4 and Line 5).   | 6.  |
| 7. Enterprise zone jobs credit allowed this year (Enter smaller of Line 3 or Line 6). Enter this amount on Form F-1120, Schedule V (Credits against the tax). | 7.  |
| 8. Unused credit carried forward to next year (Line 6 minus Line 7. If negative amount, enter zero).  | 8.  |

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
Date Signature of business owner

I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
Date Signature of enterprise zone coordinator